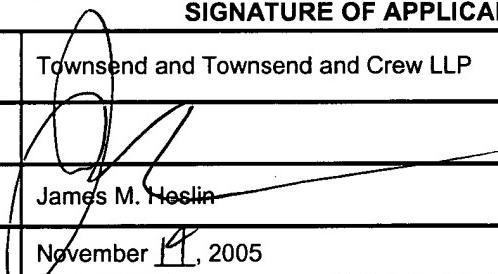


PRW

OPI TRANSMITTAL FORM NOV 18 2005 <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/751,344
		Filing Date	December 30, 2003
		First Named Inventor	QUISTGAARD, JENS U.
		Art Unit	3736
		Examiner Name	Unassigned
(Indicate number of Pages in This Submission)		5	Attorney Docket Number
			021356-000600US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 1 Reference Copy
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. *Total number of pages does not include cited references		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	November 18, 2005	Reg. No.	29,541

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Signature			
Typed or printed name	Jennifer O'Brien	Date	November 15, 2005

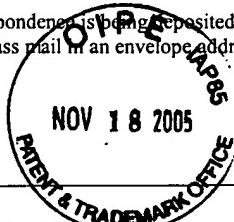
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On 11-15-2005

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer O'Brien
Jennifer O'Brien



PATENT
Attorney Docket No.: 021356-000600US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JENS U. QUISTGAARD et al.

Application No.: 10/751,344

Filed: December 30, 2003

For: ARTICULATING ARM FOR
MEDICAL PROCEDURES

Examiner: Unassigned

Art Unit: 3736

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. A copy of the non-patent literature reference is enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

James M. Heslin
Reg. No. 29,541

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60634704 v1



Substitute for form 1449A/5010

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet	1	of	1	Attorney Docket Number	021356-000600US
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Complete if Known

Application Number	10/751,344
Filing Date	December 30, 2003
First Named Inventor	QUISTGAARD, JENS U.
Art Unit	3736
Examiner Name	UNassigned

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	1	3,880,393	04-29-1975	Watson	
	2	4,137,777	02-06-1979	Haverl et al.	
	3	4,501,557	02-26-1985	Tamura et al.	
	4	4,552,151	11-12-1985	Bolomey et al.	
	5	4,854,808	08-08-1989	Bisiach	
	6	4,901,073	02-13-1990	Kibrick	
	7	5,064,340	11-12-1991	Genov et al.	
	8	5,102,380	04-07-1992	Poduje et al.	
	9	5,308,222	05-03-1994	Bacchi et al.	
	10	5,404,387	04-04-1995	Hammond et al.	
	11	5,613,419	03-25-1997	Pierson et al.	
	12	5,852,413	12-22-1998	Bacchi et al.	
	13	6,312,211	11-06-2001	Tranchida	
	14	6,507,309	01-14-2003	McMakin et al.	
	15	3,880,393	04-29-1975	Watson	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)			
							<input type="checkbox"/>
							<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	16	ROMER CIMCORE, "Infinite" [brochure], retrieved from the Internet: < http://www.romer.com/main/index.php > on November 11, 2005, 1 page only.	

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.